

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10	1					
11		1				
12		1				
13		1				
14		1				
15	1					
16	1					
17		3				
18	1					
19	1					
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29		1				
30		1				
31		1				
32		1				
33		3				
34	1	3				
35		3				
36		3				
37	1					
38	1					
39	1					
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43						
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45						
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49						
50						
TOTAL IND.	18					
TOTAL DEP.		21				
TOTAL CLAIMS	49					

39

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						